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CONFIRMATION NO. 8128

SERIAL NUMBER 09/370,453	FILING OR 371(c) DATE 08/09/1999 RULE	CLASS 424	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. GENITOPE-038
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a DIV of 08/761,277 12/06/1996 PAT 5,972,334 and is a CIP of 08/644,664 05/01/1996 PAT 5,776,746

## \*\* FOREIGN APPLICATIONS \*\*\*\* (none) KAC

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 08/25/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	Allowance Examiner's Signature Initials		
STATE OR COUNTRY CA	SHEETS DRAWING 26	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2

## ADDRESS

23535

## TITLE

VACCINES FOR TREATMENT OF LYMPHOMA AND LEUKEMIA

FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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